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Bib Data Sheet

CONFIRMATION NO. 4707

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/809,066  | <b>FILING DATE</b><br>03/16/2001<br><b>RULE</b>   | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>268x5  | <b>ATTORNEY DOCKET NO.</b><br>2925-0507P |                                |
| <b>APPLICANTS</b><br>John Ned Hines, Morristown, NJ;<br>Gary M. Hojell, Kinnelon, NJ;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>NONE DKL   |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>NONE DKL  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 04/24/2001   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>[Signature]</u> DKL<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>30                | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>BIRCH, STEWART, KOLASCH, & BIRCH, LLP<br>P.O. Box 747<br>Falls Church, VA 22040-0747<br><div style="text-align: right; font-size: 2em;">#30894</div>  |   |                               |   |  |                                |
| <b>TITLE</b><br>Common module combiner/active array multicarrier approach without linearization loops   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>890   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |